

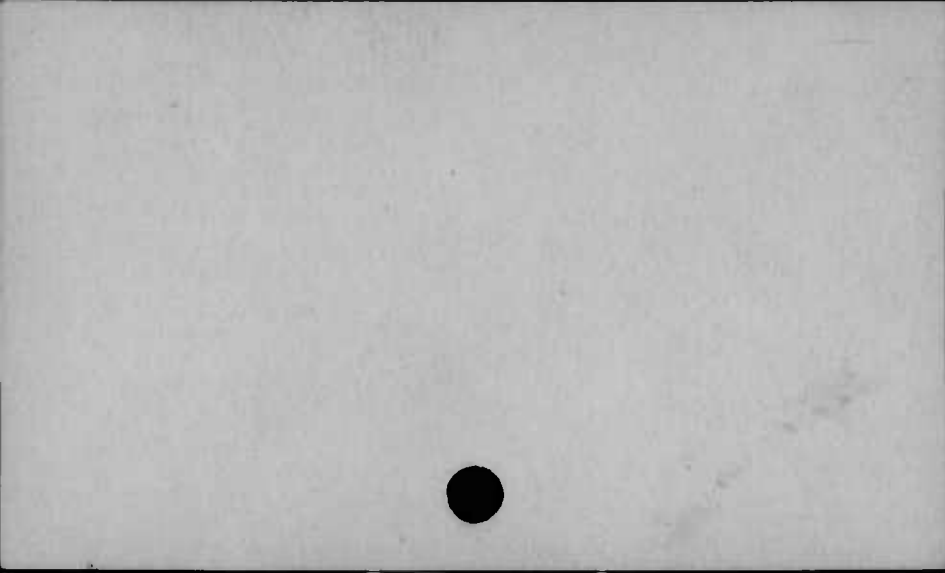
James Clinton Richmond Adams  
 Died at Annapolis Anne Arundel Co MARYLAND

Date 1902 Month Dec. Day 22 Y. M. D. Native of Maryland Occupation Infant  
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored ~~Single~~ ~~Widow~~ Number of children living

Husband  
 Wife

Father's Name James A. Adams 28 Mother's Name Ada V. Adams  
 Cause of Death Primary Tuberculous Meningitis How long sick 5 days.  
 Immediate Convulsions & Asthenia. Accident, Suicide, Homicide

Reported by F. H. Thompson M.D.  
 Address 93 Church St. Annapolis Md



Name  
in  
Full

Harriet C. Basil

## CERTIFICATE OF DEATH

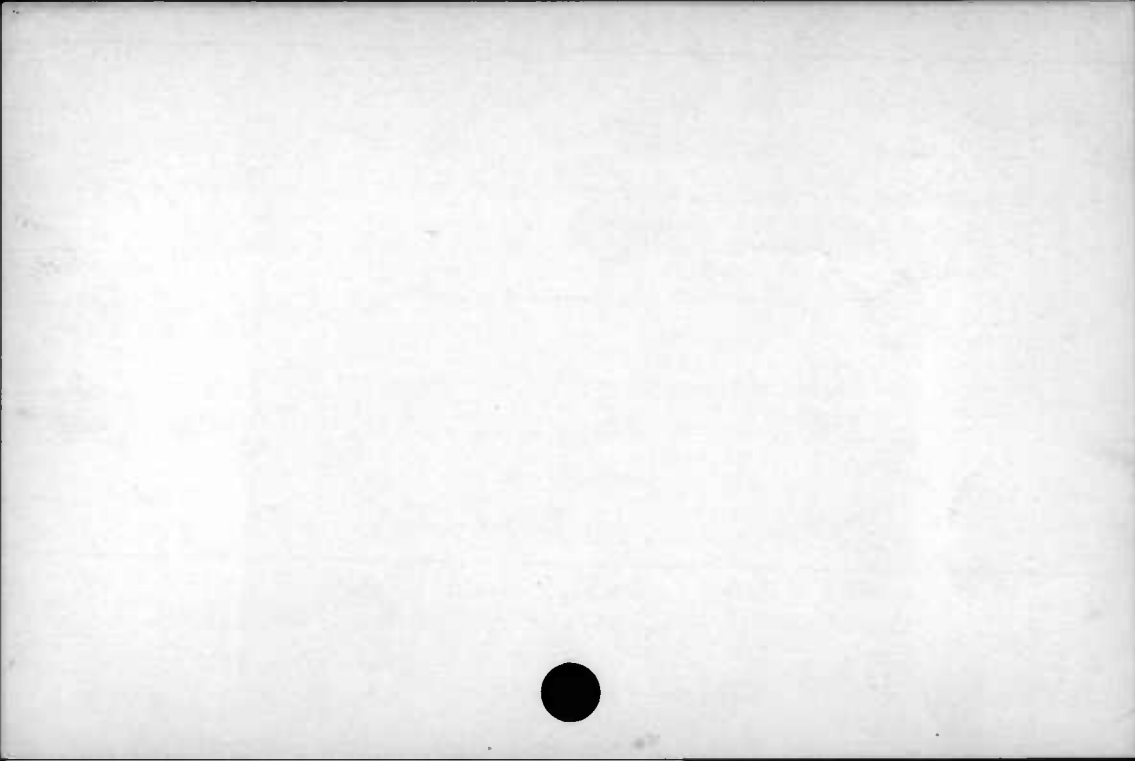
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	2	Month <i>Dec.</i>	Day <i>33</i>	Age Years	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Annapolis</i>		
Married, Single or Widowed <i>Single</i>		Occupation _____			
Name of Wife or Husband _____					
Father's Name <i>Harry C. Basil</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Alice C. King</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>A. C. Basil</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>92</i>	How long
Immediate	<i>Capillary Bronchitis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>H. Clement C. Landrum</i>
		Address <i>5 St John St. Annapolis Md</i>
Accident or Suicide?		



Name  
in  
Full

Henry James Bass

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Churchtown

A. A. County

MARYLAND

Date

of death 190

2

Month

Dec.

Day

19

Age

Years

72

Months

9

Days

26

Sex

Male

Color or  
Race

white

Birth-  
place

Mass.

Married, Single  
or Widowed

Widower

Occupation

Merchant

Name of Wife or  
Husband

Margaret - Good

Father's  
NameFather's  
BirthplaceMother's  
Maiden Name

Jane Mills

Mother's  
BirthplaceName of person giving  
information

Lora B. Danson

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Diabetes Melitus 50

How long

6 yrs.

Immediate

Coma

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. Smith?

Address



Accident or Suicide?

—

PHYSICIAN  
OR CORONER



Name  
in  
Full

Kate Boardley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County AA		MARYLAND	
Date of death 1902		Month Dec	Day 9 <sup>th</sup>	Age 33		Months	Days
Sex Female		Color or Race colored		Birth- place AA county			
Married, Single or Widowed				Occupation Seamstress			
Name of Wife or Husband Isaac Boardley							
Father's Name Herbert Parker				Father's Birthplace AA county			
Mother's Maiden Name Lizzie Parker				Mother's Birthplace AA county			
Name of person giving In formation Isaac Boardley				How related to deceased Husband			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Injury to the leg	How long	Two weeks
Immediate	Tetanus	How long	Eight days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		John Ridout Md	
Address		Annapolis Md	
Accident or Suicide?			





Name  
in  
Full

Annie Branton

## CERTIFICATE OF DEATH

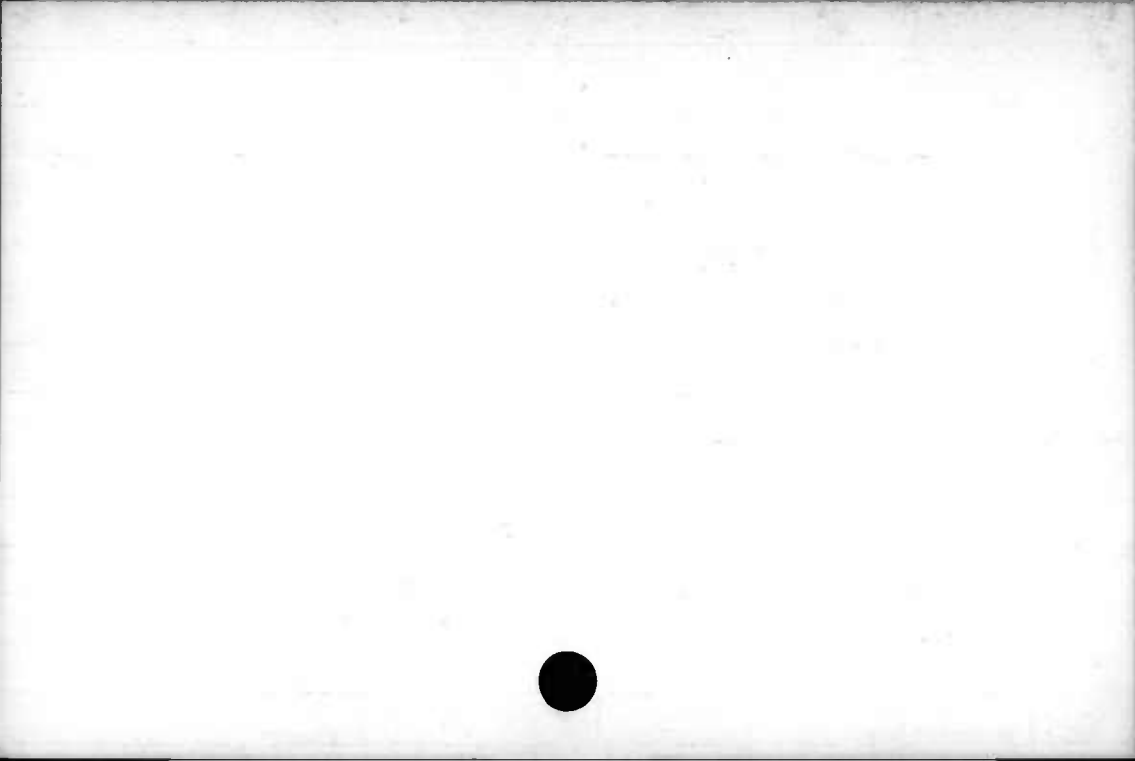
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>AA</i>		County <i>AA</i>		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>7<sup>th</sup></i>	Age <i>59</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>House-keeper</i>				
Name of <del>Wife or</del> Husband <i>Scott Branton</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>AA County</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>AA County</i>			
Name of person giving information <i>Annie Green</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma &amp; Nephritis</i>	How long <i>Months</i>
Immediate <i>Macemia</i> <i>120</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name  
in  
Full

Brice

## CERTIFICATE OF DEATH

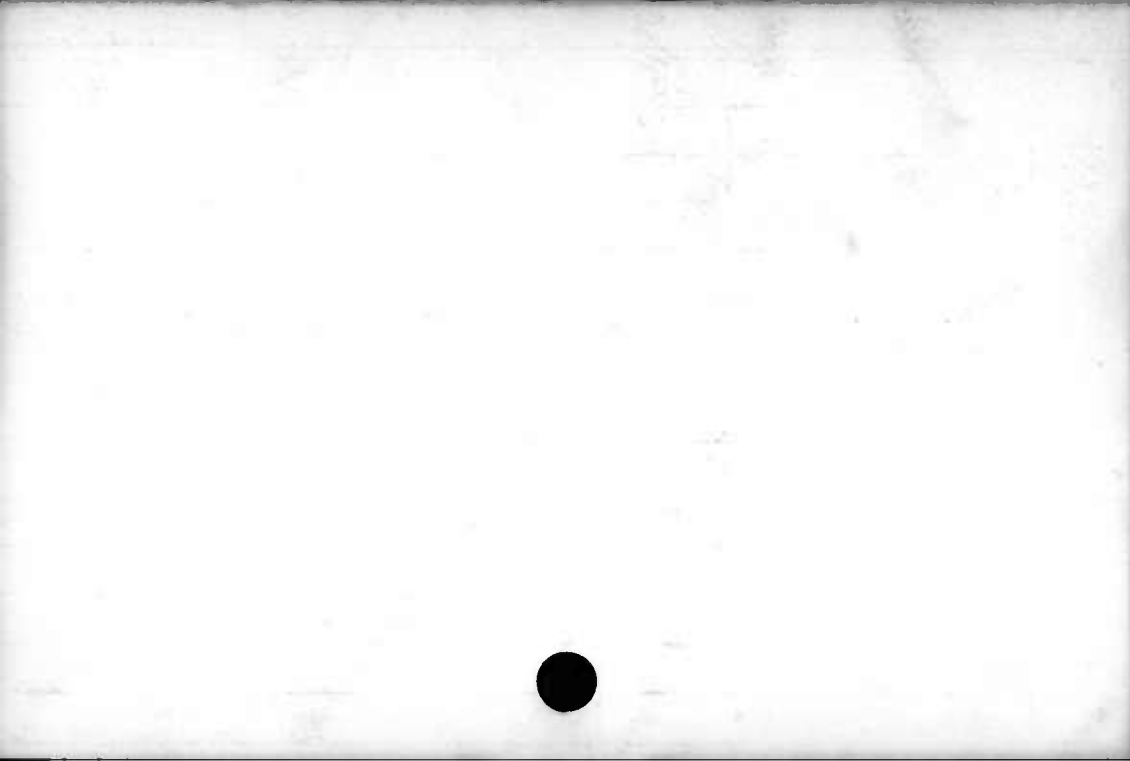
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Art		MARYLAND			
Date of death 190		2	Month Feb	18 <sup>th</sup>	Day	Years	Months	Days	
Sex Male		Color or Race		Colored		Birth- place			
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				Wm Brice		Father's Birthplace			Annapolis
Mother's Maiden Name				Jella Thomas		Mother's Birthplace			Annapolis
Name of person giving In formation				Jella Brice		How related to deceased			Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Still born		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Susan Wright	
		Address		Midwife Annapolis	
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

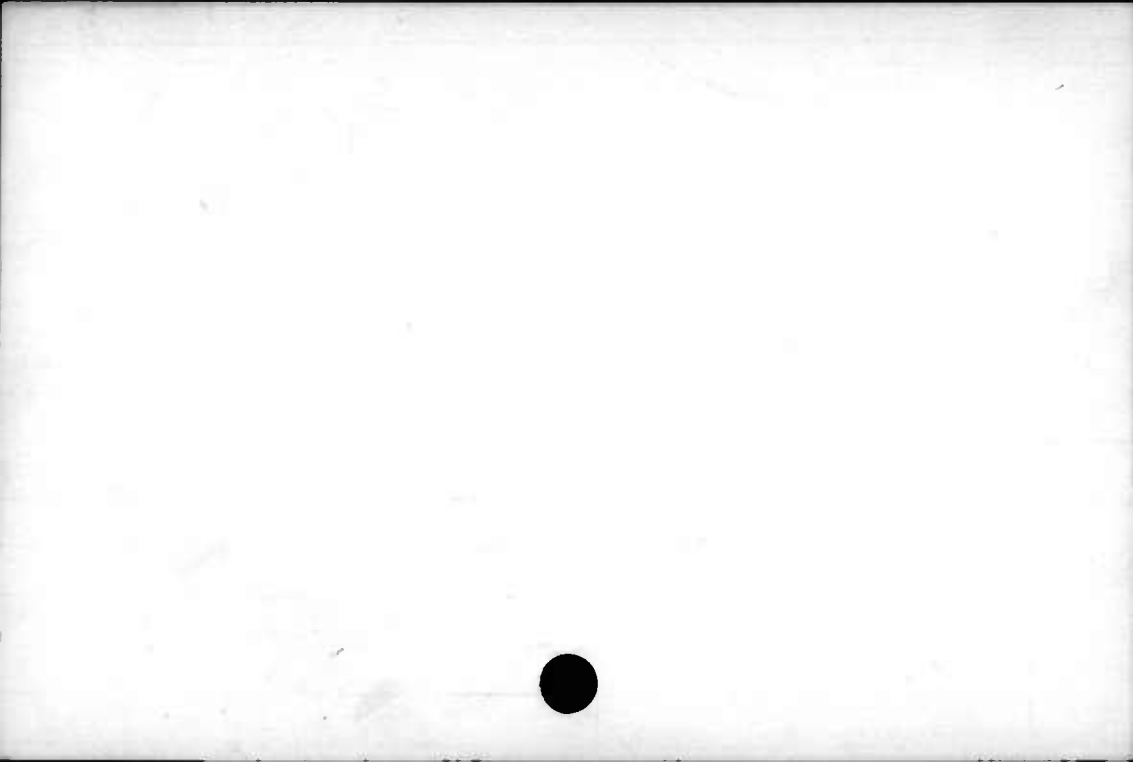
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East Port</i> <sup>Town</sup>		<i>AA</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Dec</i> <sup>Month</sup>	<i>27<sup>th</sup></i> <sup>Day</sup>	Age <i>15</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Atbounty</i>		
Married, Single or Widowed <i></i>			Occupation <i>Cryster-baller</i>		
Name of Wife or Husband <i></i>					
Father's Name <i>Charles Butler</i>			Father's Birthplace <i>Atbounty</i>		
Mother's Maiden Name <i>Matilda Butler</i>			Mother's Birthplace <i>Atbounty</i>		
Name of person giving information <i>Morgan Butler</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	<i>120</i>	How long <i>Two months</i>
Immediate <i>Maemic convulsions</i>	<i>hours</i>	How long <i>Twelve</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>	Address <i>Annapolis Md</i>
<i>yes</i>		
Accident or Suicide? <i></i>		



Name  
in  
Full

Reginald Thorne Carpenter

## CERTIFICATE OF DEATH

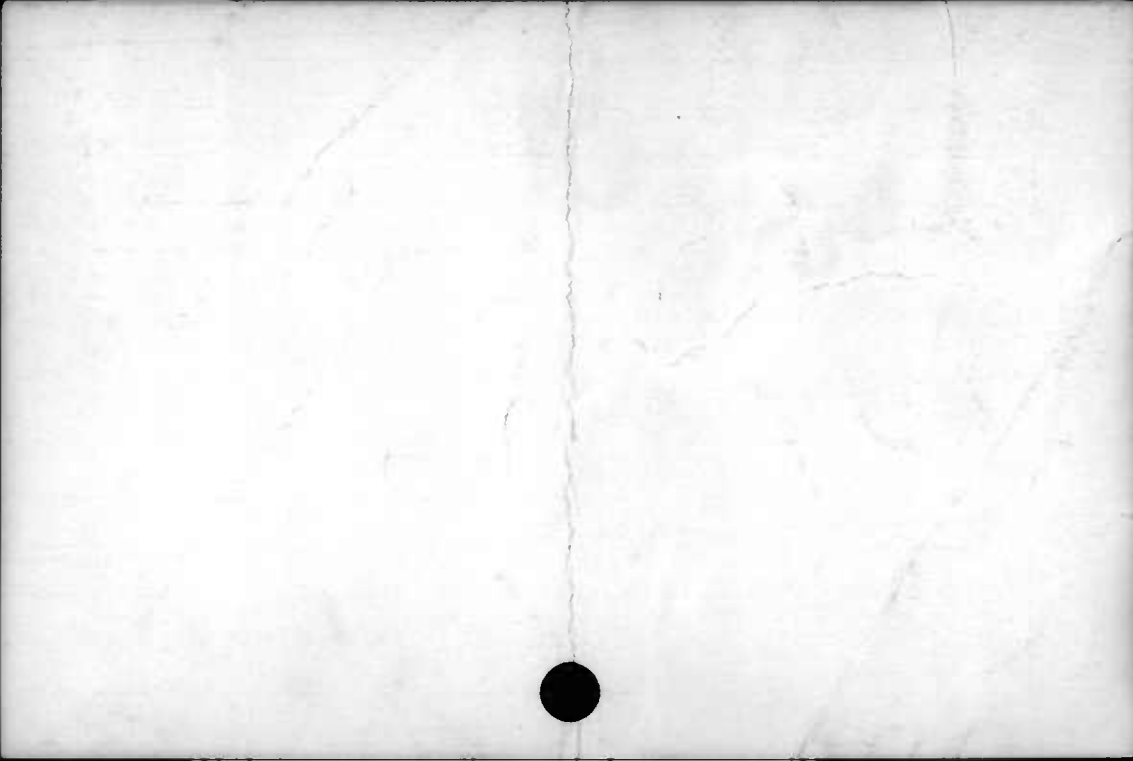
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Naval Academy, Annapolis, Anne Arundel</i>		County		MARYLAND	
Date <i>Dec 8</i> of death 190 <i>2</i>	Month <i>December</i>	Day <i>8</i>	Years <i>21</i>	Months <i>1</i>	Days <i>9</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Boston, Mass</i> <i>or Portsmouth, N.H.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Childshipman United States Navy</i>			
Name of Wife or Husband					
Father's Name <i>Charles Carroll Carpenter</i> <i>Rear Admiral US Navy</i>			Father's Birthplace <i>Wilmington, N.H.</i>		
Mother's Maiden Name <i>Anna Bayard</i>			Mother's Birthplace <i>New York</i>		
Name of person giving Information <i>John H. Dupley, St. Louis, Mo</i>			How related to deceased <i>Brother-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>One month</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. W. F. Weber</i>
	Address <i>Surgeon U. S. Navy</i> <i>Naval Academy, Annapolis, Md.</i>
Accident or Suicide? <i>neither</i>	





Name  
in  
Full

Benjamin Carr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Curtis Bay</i>		Town <i>aa</i>		County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>12</i>		Day <i>25</i>		Age <i>42</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Married, Single or Widowed				Occupation <i>Laborer</i>			
Name of Wife or Husband							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Wm L Hawthorne</i>				How related to deceased <i>"</i>			

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <i>Alcoholism</i>		How long	
Immediate <i>Exposure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm L Hawthorne</i>	
		Address <i>Brooklyn md</i>	
Accident or Suicide?			



Name  
in  
Full

Helena Leona Casey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at 1208 <sup>Town</sup> *Annapolis Md*

County

MARYLAND

Date  
of death 1902 *Dec*

Month

Day

4

Age 2 <sup>Years</sup> *Year*

Months

7

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Annapolis Md*Married, Single  
or Widowed*Baby*

Occupation

Name of Wife or  
HusbandFather's  
Name*James Casey*Father's  
Birthplace*Washington D.C.*Mother's  
Maiden Name*Reynolds Clark*Mother's  
Birthplace*Annapolis Md*Name of person giving  
information*James Casey*How related  
to deceased*Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Acute Inflammatory Rheumatism*

How long

*1 week*

Immediate

*Nephritis & uraemia**47*

How long

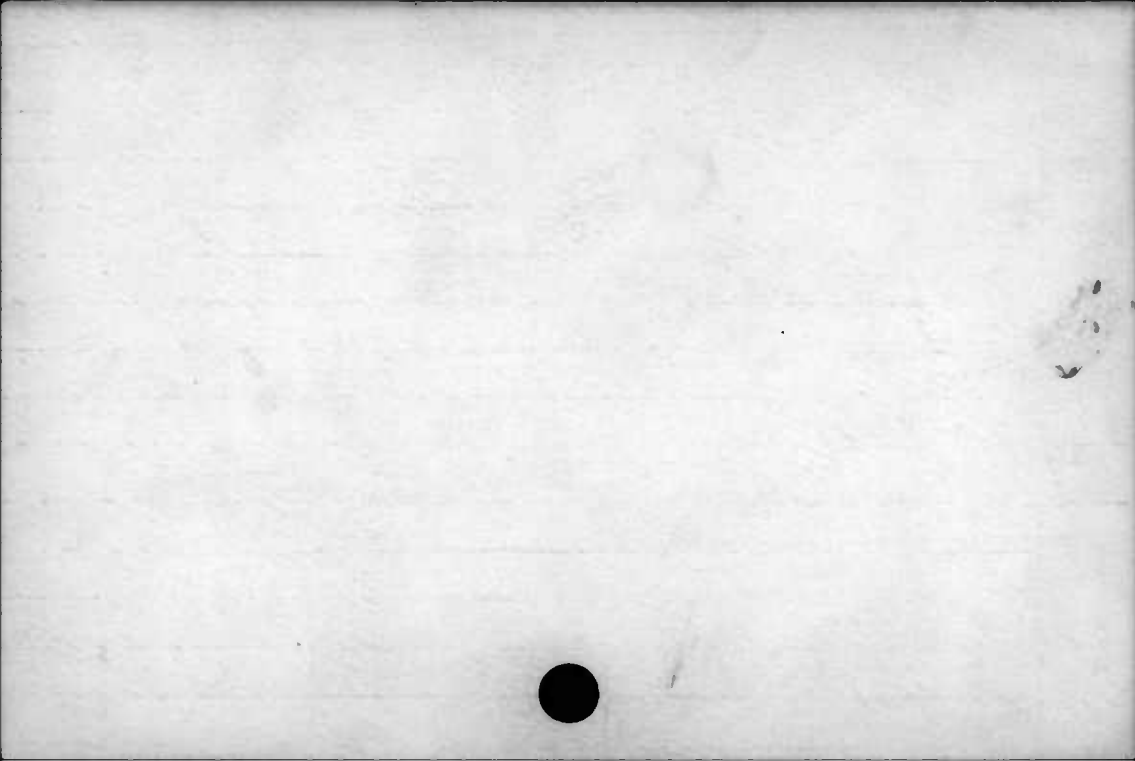
*3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Wm. J. Welch*

Address

*92 Gloucester St  
Annapolis*

Accident or Suicide?

*—*



Name in Full

Benton Forsey Clarke

Wallham A. B. Co.

County

MARYLAND

Died at

December

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

Age

9

A. B. Co Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children living

Husband of

Wife

Father's

Name

Thomas Clarke

Mother's

Maiden Name

Evalina M. Comings

How long sick

Cause of

Primary

Diphtheria 9 w

Death

Immediate

Accident, Suicide, Homicide

Reported by

C R Winterson

Address

Elkridge

Md

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Katherine Virginia Brandell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>29</i>	Age <i>2</i>	Years	Months <i>7</i>	Days			
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>						
Married, Single or Widowed <i>Single</i>			Occupation						
Name of Wife or Husband									
Father's Name <i>Charles A Crandell</i>					Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Eleanth E. Lintiben</i>					Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Charles A Crandell</i>					How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Brain</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>28</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>18th</i>	Age <i>53</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>Married</i>			Occupation		
Name of Wife or Husband <i>George A Culver</i>					
Father's Name <i>Sam'l W Sprague</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Rebecca C Welch</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>G A Culver</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>5 Years</i>
Immediate <i>Hemorrhage</i>	How long <i>3 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo Wells M.D</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



*John Daugherty*

Town

County

Died at

*Armiger, Anne Armiger*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

*1902 Dec. 23*

Age

*80*

*W. Va.*

*Waterman*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*One*

Husband

of

Wife

Father's

Name

*Elizabeth Daugherty*

Mother's

*Hugh Daugherty*

Name

Cause of

Primary

*Pneumonia*

*93*

How long sick

*3 days*

Death

Immediate

*Heart failure*

Accident, Suicide, Homicide

Reported by

*Dr. Elijah Williams*

Address

*Armiger*

*D. A. Co.*

*Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Agnes Duban

CERTIFICATE OF DEATH

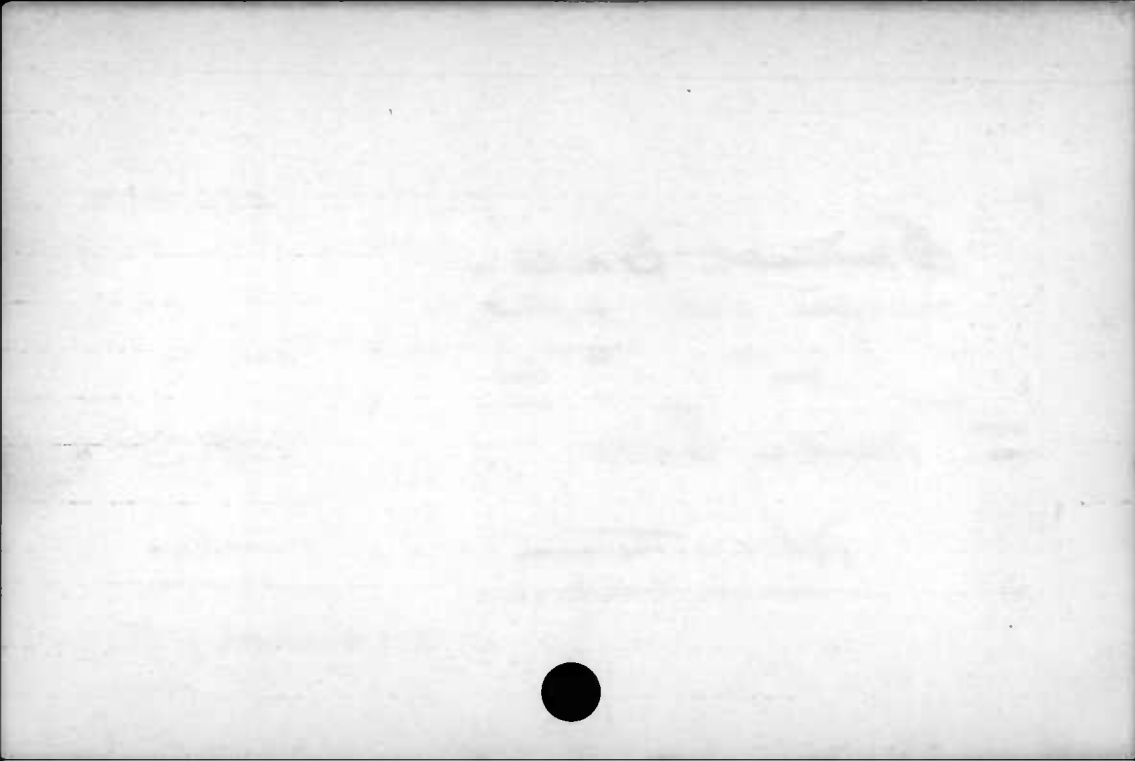
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		So. Balto - <small>Town</small>		A. A - <small>County</small>		MARYLAND	
Date of death 1902		Dec <small>Month</small>		24 <small>Day</small>		Age 3 <small>Years</small>	
Sex Female		Color or Race White		Birth- place So. Balto - Md		Months <del>7</del> Days -	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Emil Duban				Father's Birthplace Europe			
Mother's Maiden Name Mary Posivat				Mother's Birthplace Europe			
Name of person giving In formation Mary Duban				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Whooping Cough		How long 3 weeks	
Immediate Pneumonia		How long 7 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. B. Horton M.D.	
Accident or Suicide?		Address So. Balto. Md -	



Name in Full

Certificate of Death

Samuel Eads -

Town

County

Died at

Annapolis Junction

A. H. Co

MARYLAND

Date 19

02

Month

Day

Dec 14

Y.

M.

D.

Age

70 -

Native of

Ch. S.

Occupation

Laborer

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

~~Husband~~ of

Minnie Eads.

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Rheumatism &amp; Indigestion

How long sick

2 weeks -

Death

Immediate

Heart failure

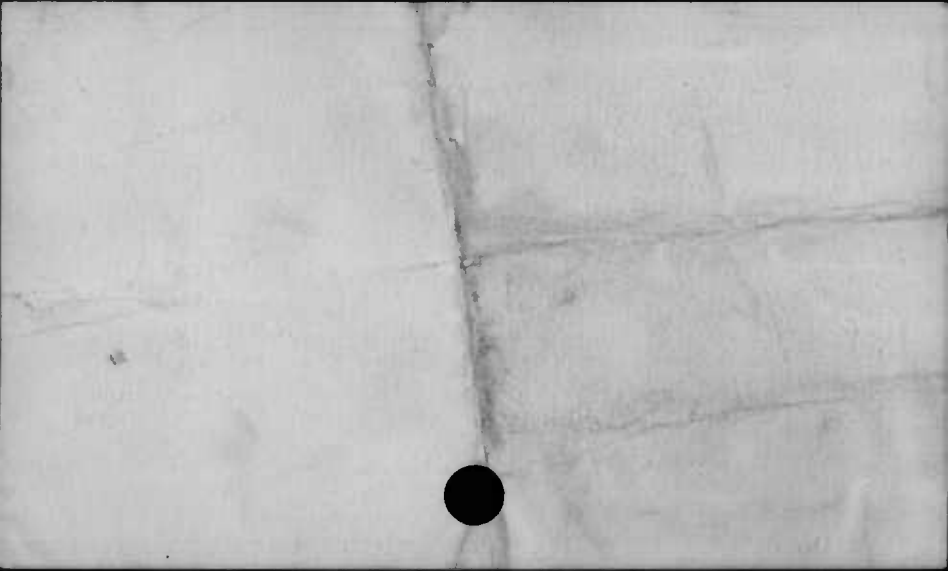
~~Accident, Suicide, Homicide~~

Reported by

J. R. Smith M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Benjamin B. Elliott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East Port</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>dec</i>	Day <i>22</i>	Age <i>1</i>	Years <i>4</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>2 dochester D A P O</i>	
Married, Single or Widowed <i>_____</i>			Occupation <i>_____</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Benjamin A Elliott</i>			Father's Birthplace <i>Colbert Co</i>		
Mother's Maiden Name <i>Rachel E. Stevens</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>B. H. Elliott</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Nephritis</i>	How long <i>4 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. J. Murphy M.D.</i>
	Address <i>#4 Rannall St.</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
Full

Theodosia Rebecca Gray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County A. A. Co		MARYLAND	
Date of death 1902	Month Dec	Day 8	Age	Years —	Months 5	Days —	
Sex Female	Color or Race Negro		Birth- place Annapolis				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name William Gray			Father's Birthplace A. A. Co. Md				
Mother's Maiden Name Daisy Harris			Mother's Birthplace Annapolis				
Name of person giving information Daisy Harris			How related to deceased mother				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rachitis	How long	3 months
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm J Welch	
Accident or Suicide?		Address Annapolis	



Name  
in  
Full

Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1902		Dec		16 <sup>th</sup>		Age	
Sex		Color or Race		Birth-place		Months	
Male		Colored		—		Days	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				Father's Birthplace			
Father's Name				Mother's Birthplace			
Mother's Maiden Name				How related to deceased			
Name of person giving information				John Green			
John Green				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Still-born		—	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		Mary Green Mother	
—		Address	
—		Annapolis	
Accident or Suicide?		—	



Name  
in  
Full

## CERTIFICATE OF DEATH

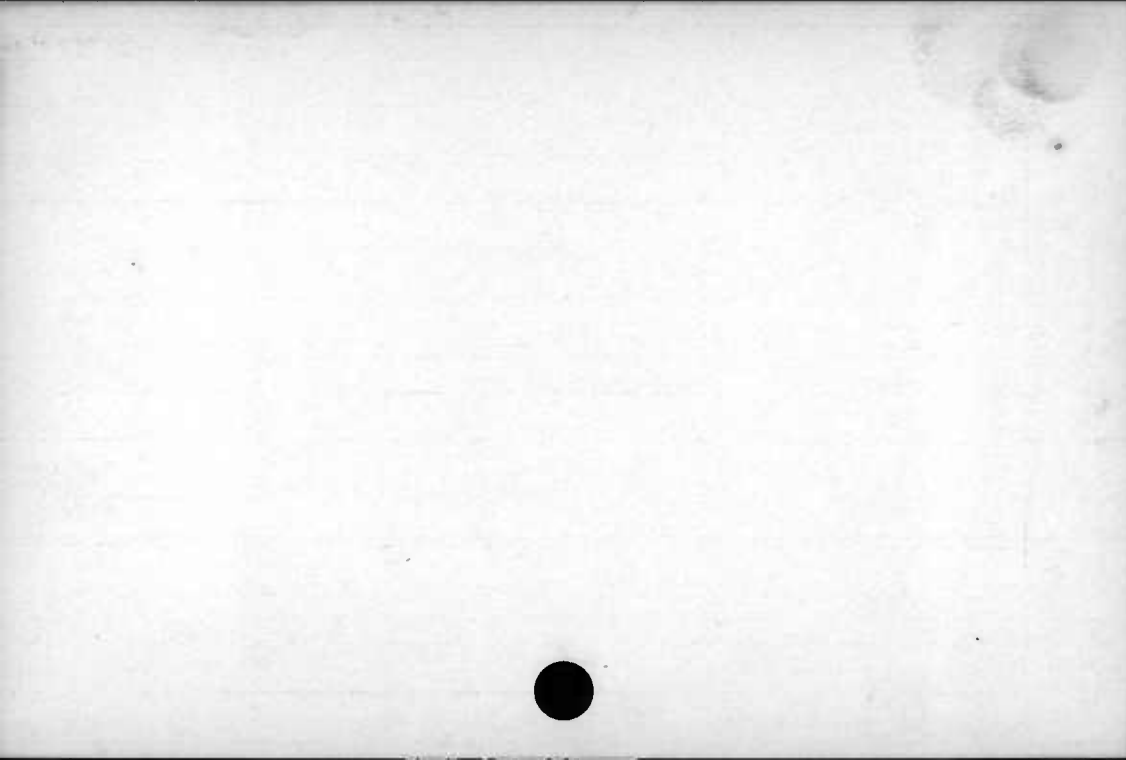
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millersville</i> Town <i>Anne Arundel</i> County		MARYLAND	
Date of death 1902	Month <i>12</i>	Day <i>22</i>	Age <i>90</i>
Sex <i>Female</i>	Color or Race <i>African</i>	Birth-place <i>Calvert County</i>	
Married, Single or Widowed <i>Widows</i>	Occupation <i>House keeper</i>		
Name of Wife or Husband <i>Wm Grey</i>			
Father's Name <i>Frederick Shocks</i>	Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Mary Anthon</i>	Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Sarah Snowden</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>4 days</i>
Immediate <i>Paralysis</i>	How long <i>28 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Dr. Bo's Old</i>
	Address <i>Gambrells</i>
Accident or Suicide?	<i>OKA</i>





Name  
in  
Full

William Raymond Hardisty

CERTIFICATE OF DEATH

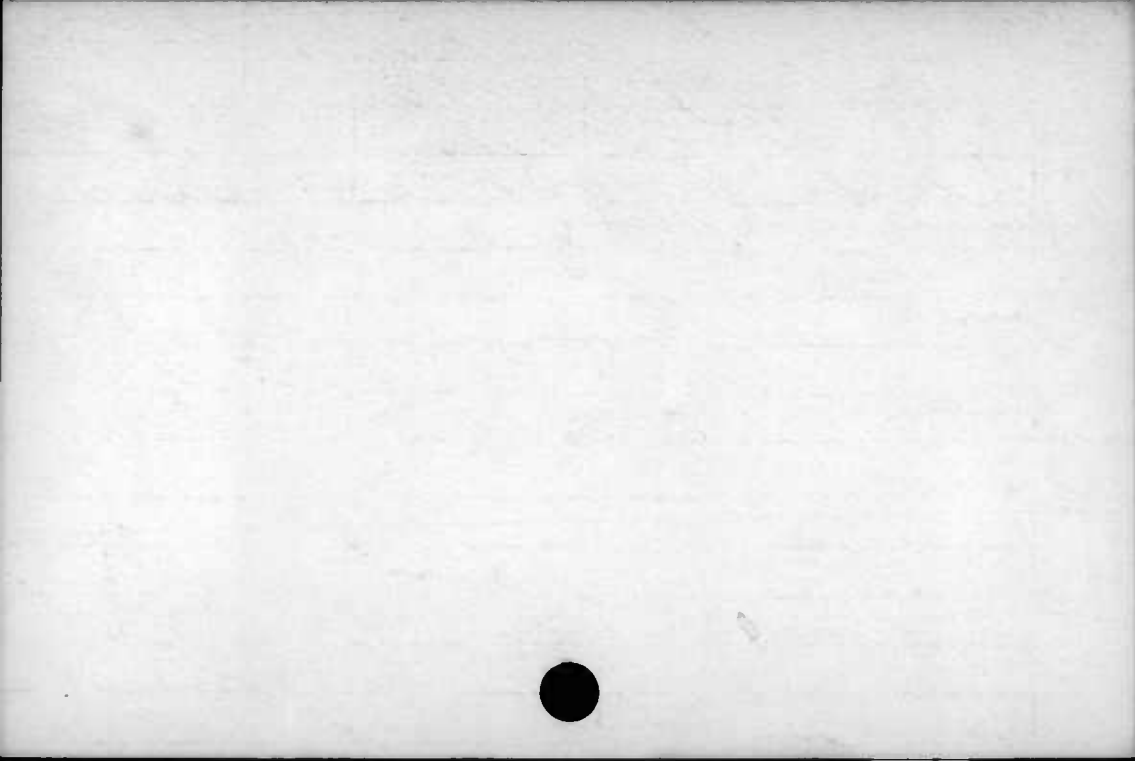
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Dec</i> <sup>Month</sup>	<i>first</i> <sup>Day</sup>	Age <i>six</i> <sup>Years</sup>	<i>one</i> <sup>Months</sup>	<i>twenty-two</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mt. Kenilwood Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel W. Hardisty</i>			Father's Birthplace <i>Bristol Md</i>		
Mother's Maiden Name <i>Barbara Ellen Crosby</i>			Mother's Birthplace <i>Wentzville Md</i>		
Name of person giving information <i>Samuel W. Hardisty</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Membrane Group</i>	How long	<i>1 week</i>
Immediate	<i>Flu</i>	How long	<i>2 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geor Wells Md</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Tow  
ChesterfieldHarmon  
A. A. County

MARYLAND

Date

of death 1902

Month

12

Day

7

Age

Years

4 days

Months

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place

Chesterfield

~~Married~~, Single  
or ~~Widowed~~

Occupation

Name of Wife or  
HusbandFather's  
Name

Og Harmon

Father's  
Birthplace

A. A. Co. Md

Mother's  
Maiden Name

Arlene Worthington

Mother's  
Birthplace

Ho. Co. Md

Name of person giving  
in formation

Luther Stevens

How related  
to deceased

No one

## CAUSES OF DEATH

Primary

Un known

179

How long

24 hrs-

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. B. Gault

Address

Millersville Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Benjamin Hawkins

## CERTIFICATE OF DEATH

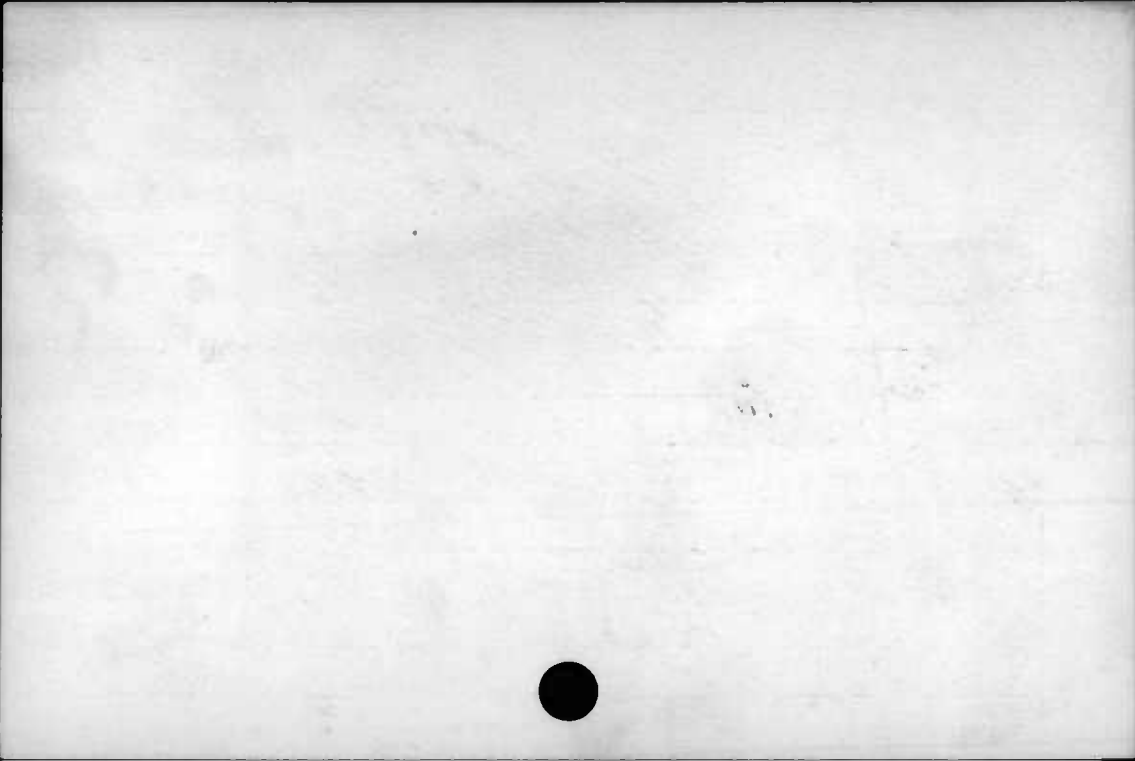
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Annapolis		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	24 Dec		Age 29				
Sex	Male		Color or Race	Colored		Birth-place	Calout Co
<del>Married</del> Single or <del>Widowed</del>			Occupation				Coachman
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Isaac Hawkins				Calout Co			
Mother's Maiden Name				Mother's Birthplace			
Sarah Freeman							
Name of person giving information				How related to deceased			
Isaac Hawkins				Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rupture of Blood vessel	How long	81
Immediate	Hemorrhage	How long	5 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm S. Welch M.D.	
J. S. Feldman Coroner		Address	
		Annapolis	
Accident or Suicide?			



Name  
in  
Full

Lonis Bernard Henkel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		2 December 29		Age	77	1 month	12
Sex		Male		Color or Race		White	
Married, <del>Single</del>		Married		Occupation		Retired	
Name of Wife		Catherine Henkel					
Father's Name		Unknown				Father's Birthplace	
						Germany	
Mother's Maiden Name		Unknown				Mother's Birthplace	
						Germany	
Name of person giving information		Charles B. Henkel				How related to deceased	
						Son	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Bright's Disease		How long	8 days
	Immediate	Heart failure		How long	Sudden
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
				Chas. B. Henkel	
		Address		Annapolis, Maryland	
Accident or Suicide?					





Name  
in  
Full

Johnson

## CERTIFICATE OF DEATH

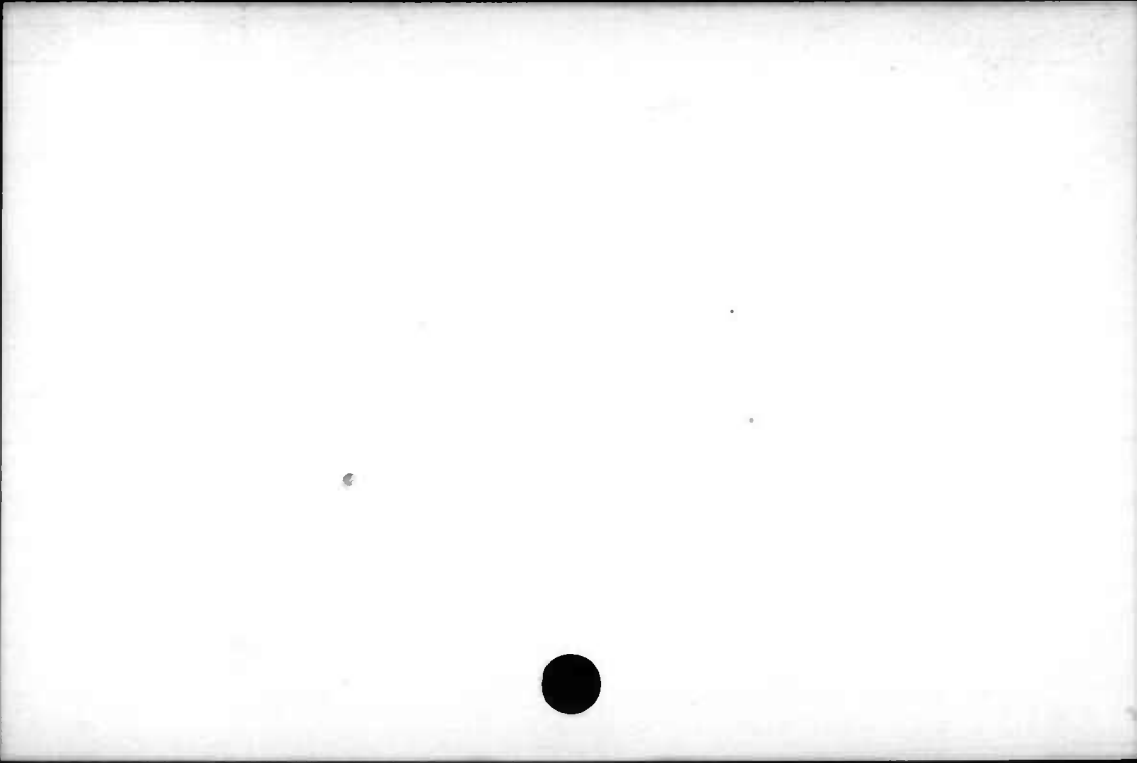
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>A</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>2</i> <sup>Month</sup>	<i>Dec</i> <sup>Day</sup>	<i>10<sup>th</sup></i> <sup>Age</sup>	Years	Months
Sex	Color or Race			Birth-place	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles Johnson</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Mary Jones</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Charles Johnson</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Caroline Stewart</i> <i>Midwife</i>
Accident or Suicide?		<i>Annapolis</i> <i>MD</i>



Name in Full

Certificate of Death

Sallie Johnson

Town

County

Died at near Irrevoc

Anne Arundel

MARYLAND

Date 1892. Dec. 8

Y. M. D. Age 45 - -

Native of Md Occupation Servant.

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 2

Husband of

Moses Johnson

Wife

Father's

Name

Mother's

Name

Nellie Hawkins

Cause of Primary Typhoid Fever

How long sick 5 weeks

Death Immediate Asthma

Accident, Suicide, Homicide

Reported by A.H. Perrie

M.D.

Address McKendree,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name  
in  
Full

Thomas Jones

## CERTIFICATE OF DEATH

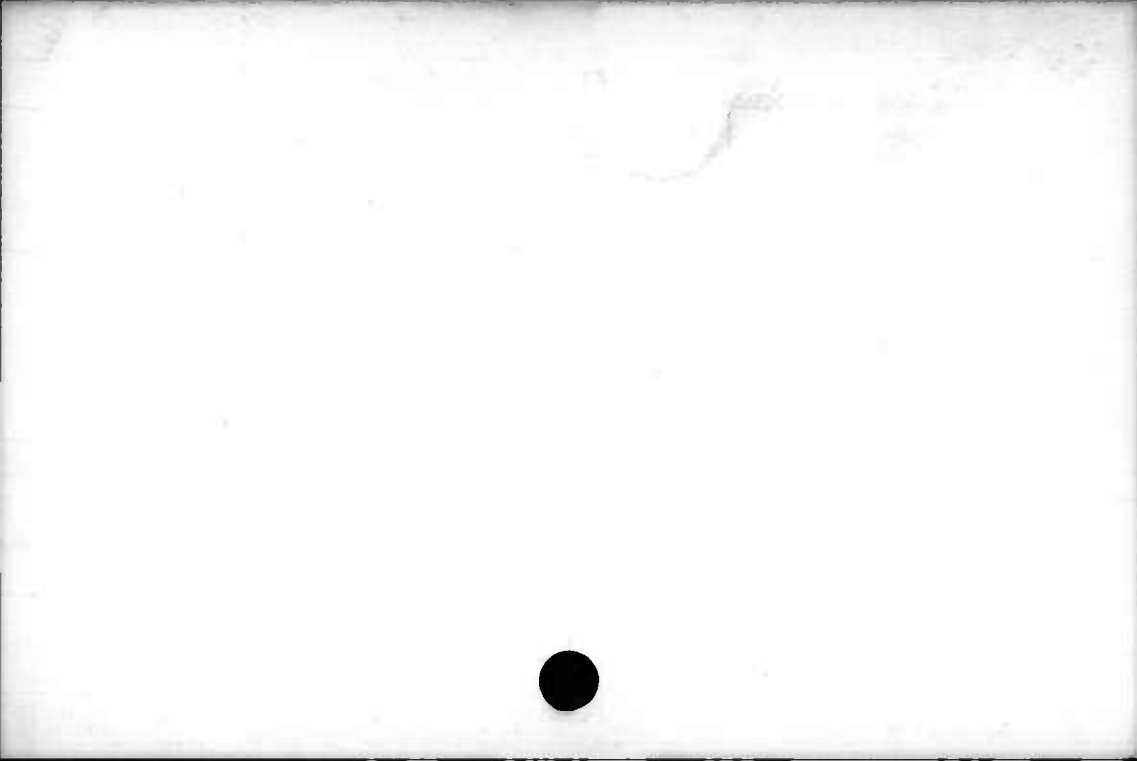
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	of death 190	Month	Day	Age	Years	Months	Days
2		Dec		23		26	
Sex	Male		Color or Race	colored		Birth-place	A.A. County
Married, Single	<del>as</del> Widowed		Occupation		Laborer		
Name of Wife or Husband		Nannie Rawlings					
Father's Name		David Jones				Father's Birthplace	
						A.A. County	
Mother's Maiden Name		Lester Jones				Mother's Birthplace	
						A.A. County	
Name of person giving information		Wesley Jones				How related to deceased	
						Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis, Pneumonia		How long	3 days	
Immediate	Asthma		How long	93	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John Ridout, M.D.	
Yes		Address		Annapolis Md.	
Accident or Suicide?					



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

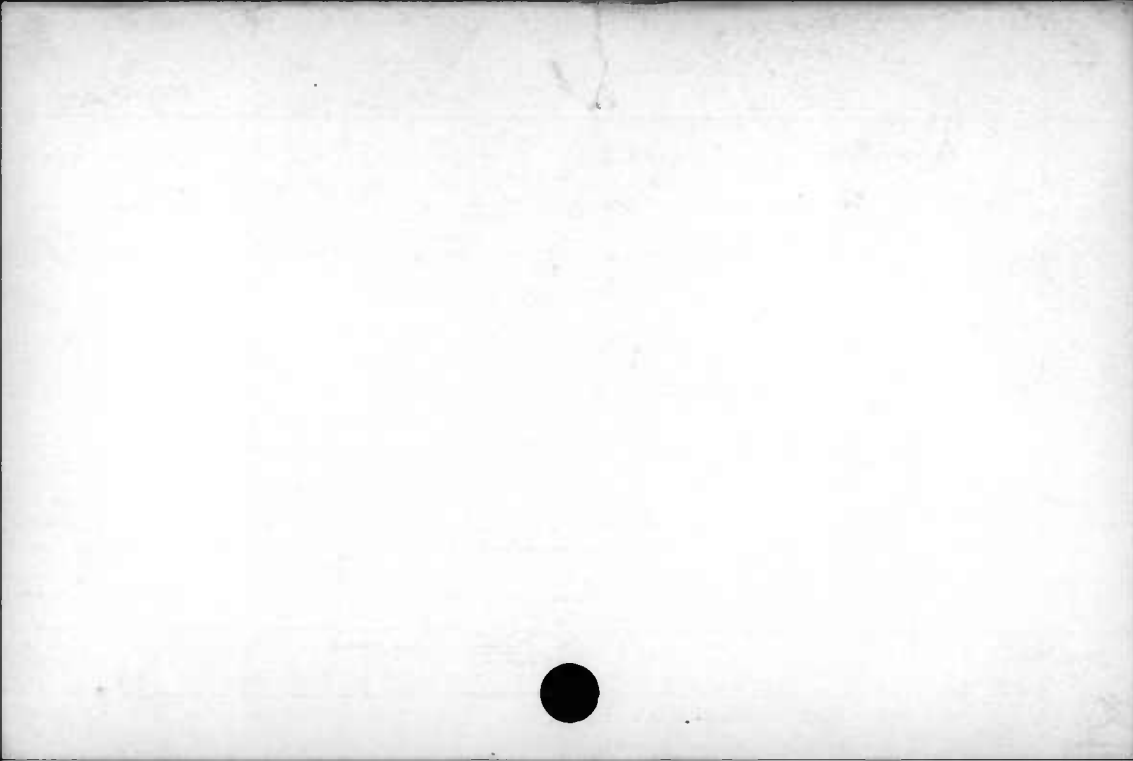
## CERTIFICATE OF DEATH

MARYLAND

Died at *MD House of Correction - Jessup* *Anne Arundel* CountyDate of death 190 *2* Month *12* Day *22* Age *38* Years Months *—* Days *—*Sex *Male* Color or Race *Black* Birth-place *MD*Married, Single or Widowed *Single* Occupation *Laborer*Name of Wife or Husband *—*Father's Name *—* Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving information *166* How related to deceased *—*

## CAUSES OF DEATH

Primary *Traumatic Phlebitis* How long *4 Weeks*Immediate *Pyæmia* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. P. Corries M.D.*Address *Physician in Charge of**MD House of Correction - Jessup - MD.*





Name  
in  
Full

Elizabeth Mc Daniels

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Heale</u> <sup>Town</sup>		<u>Armed</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>2</u> <sup>Month</sup>	<u>dec</u> <sup>Day</sup>	<u>28</u> <sup>Age</sup>	<u>70</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth- place	<u>Ind</u>
Married, Single or Widowed	<u>Widow</u>		Occupation	<u>None</u>	
Name of Wife or Husband				—	
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving in formation				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>66</u>
Immediate	<u>Pulmonary Edemas</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		<u>Geo T Gent</u>	
—		Address	
—		<u>Churchton, Md</u>	
Accident or Suicide?		—	



Name  
in  
Full

Charles H Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

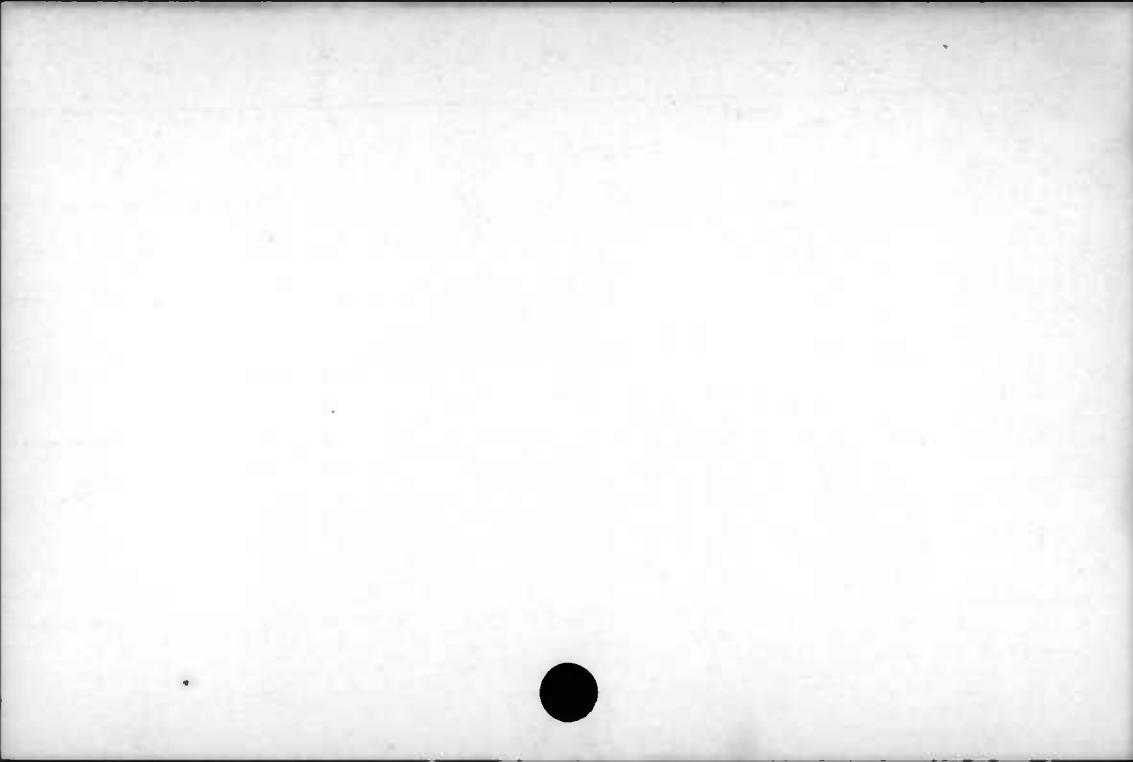
MARYLAND

Died at		Shady Side		A A		County	
Date of death 190		2 Dec		10		Age 29	
Sex		Male		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		Oysterman	
Name of Wife or Husband				Birth-place		Ind	
Father's Name		John Matthews		Father's Birthplace		Shady Side Ind	
Mother's Maiden Name		Eliza Matthews		Mother's Birthplace		" " "	
Name of person giving information		John Matthews		How related to deceased		Brother	

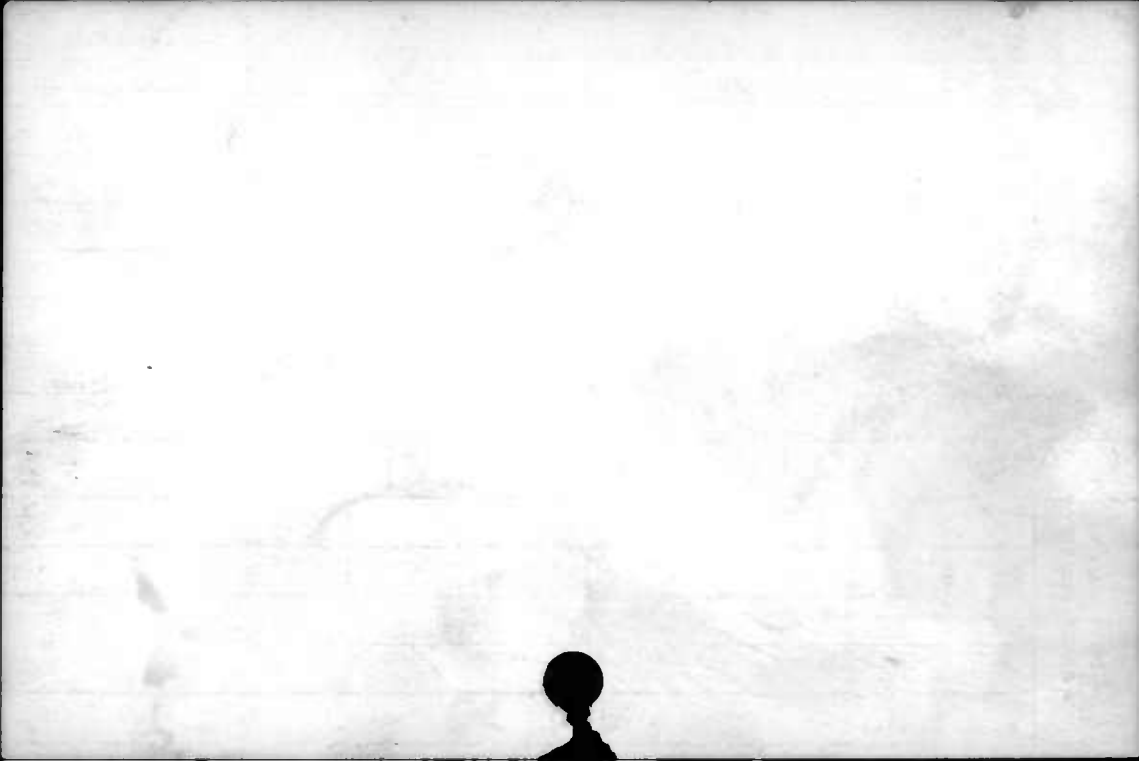
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis Pulmonalis	How long	3 Mos
Immediate	Exhaustion 27	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo. T. Deut M.D.
		Address	Churchton Ind
Accident or Suicide?	-		



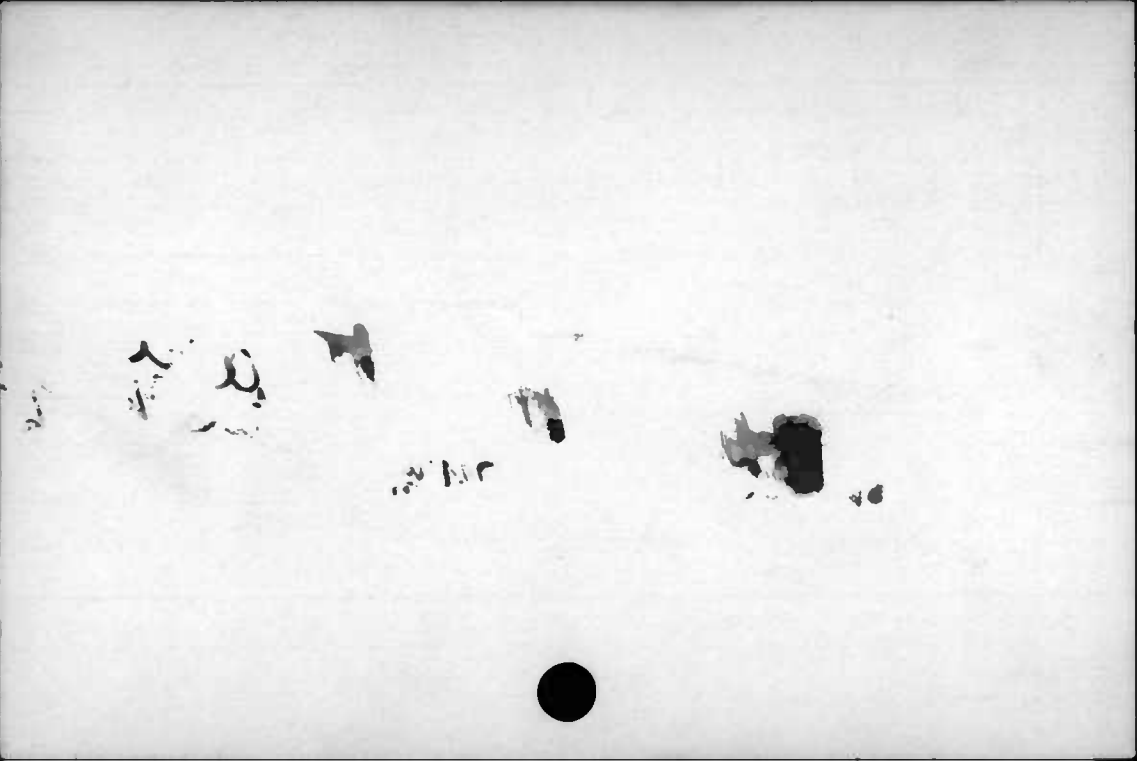
Name in Full		GOS. A. Beckins				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at			Town			County			MARYLAND		
	Date of death 190		2	Month	Dec.	Day	27	Age	50	Years	Months	Days
	Sex			Male			Color or Race			White		
	Married, Single or Widowed			Widowed			Occupation			Laborer		
	Name of Wife or Husband			Mathias Beckins			Birth-place			Dorchester, Mass.		
	Father's Name						Father's Birthplace					
	Mother's Maiden Name						Mother's Birthplace					
	Name of person giving information			J. J. Beckins Jr.			How related to deceased			Son		
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary			Tuberculosis			How long			2 yrs.		
	Immediate			Asthma			How long			27		
	Are the name, age, sex, color, date and place correctly given above?			Probably			Signature of Physician			J. B. Thompson M.D.		
	Address			93 Church St.			Annapolis Md					
Accident or Suicide?												



Name in Full		Mary Ellen Morgan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Belleys		County	
		Date of death 190		2		Month	
		Day		31		Age	
		Years		40		Months	
		Sex		female		Color or Race	
		Birth-place		Baeth-		Occupation	
		Married, Single or Widowed		Married		Remnant	
		Name of Wife or Husband		Richard		Wright	
Father's Name		Wright		Father's Birthplace		Dont know	
Mother's Maiden Name		Dont know		Mother's Birthplace		Dont know	
Name of person giving information		Solomon Barnett		How related to deceased		Cousin	

### CAUSES OF DEATH

PHYSICIAN OR CORONER		Primary		Cerebral tumor		How long		3 months	
		Immediate		Heart failure		How long		One hour	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Grayham			
		Address		Blm Barnett					
Accident or Suicide?									





# CERTIFICATE OF DEATH

Died at <u>Amnapolis</u>		Town <u>Amnapolis</u>		County <u>MARYLAND</u>	
Date of death 190 <u>2</u>	Month <u>Dec.</u>	Day <u>27</u>	Age <u>49</u>	Years <u>49</u>	Months <u>    </u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Sweden</u>	
Married, Single or Widowed <u>Single</u>			Occupation <u>laborer</u>		
Name of Wife or Husband <u>                    </u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>John Nelson</u>			How related to deceased <u>Friend</u>		

### CAUSES OF DEATH

Primary	Tuberculosis Pulmonalis		How long	one year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	27	Signature of Physician	H. Clement (Gander) M.D.
			Address	5 St. John St., Amesbury, Md.
Accident or Suicide?				



Name  
in  
Full

Eva E. Queen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>15<sup>th</sup></i>	Age <i>1</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Stephen Queen</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Annie Parker</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Annie Parker</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>five days</i>
<i>93</i>	How long
Immediate <i>Asthma</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout MD</i>
<i>yes</i>	Address <i>Annapolis</i>
	<i>MD</i>
Accident or Suicide?	



Name in Full

Mary Richardson

Town

County

Annapolis Anne Arundel

MARYLAND

Died at

Dear.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

04

19

Age

31. 2 0.

Anne Arundel - Cook

Married

~~Widow~~~~Divorced~~

Number of children living

One

Female

Colored

~~Single~~~~Widower~~

Husband

George Richardson

Wife

Mother's

Father's

Tom Gibson

Maiden Name

Lucia Purple

Name

How long sick

Cause of

Primary

Abdominal Neuralgia

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

J. H. E. Campbell

Address

Second St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

James Simpson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Ad</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>2</i> <sup>Month</sup>	<i>Dec</i> <sup>Day</sup>	<i>20<sup>th</sup></i> <sup>Age</sup>	<i>3</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		<i>Days</i>
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>James Simpson</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Susan Brown</i>			Mother's Birthplace <i>Ad County</i>		
Name of person giving information <i>Susan Brown</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i> <i>105</i>	How long <i>Two months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Campbell</i> <i>Ad</i>
<i>Yes</i>	Address <i>Annapolis</i>
Accident or Suicide?	<i>Me</i>





Name  
in  
Full

Wm Gb. Stanton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Ad</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>2</i> <sup>Month</sup>	<i>Dec</i> <sup>Day</sup>	<i>20<sup>th</sup></i> <sup>Years</sup>	<i>29</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>X</i>			Occupation <i>Porter</i>		
Name of Wife or Husband					
Father's Name <i>John Gb Stanton</i>			Father's Birthplace <i>Ad County</i>		
Mother's Maiden Name <i>Annie Stanton</i>			Mother's Birthplace <i>Ad County</i>		
Name of person giving information <i>Annie Stanton</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Pneumonia</i>	How long <i>ten days</i>
Immediate <i>Peritonitis 93</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout MD</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name  
in  
Full

Clara Thomas

## CERTIFICATE OF DEATH

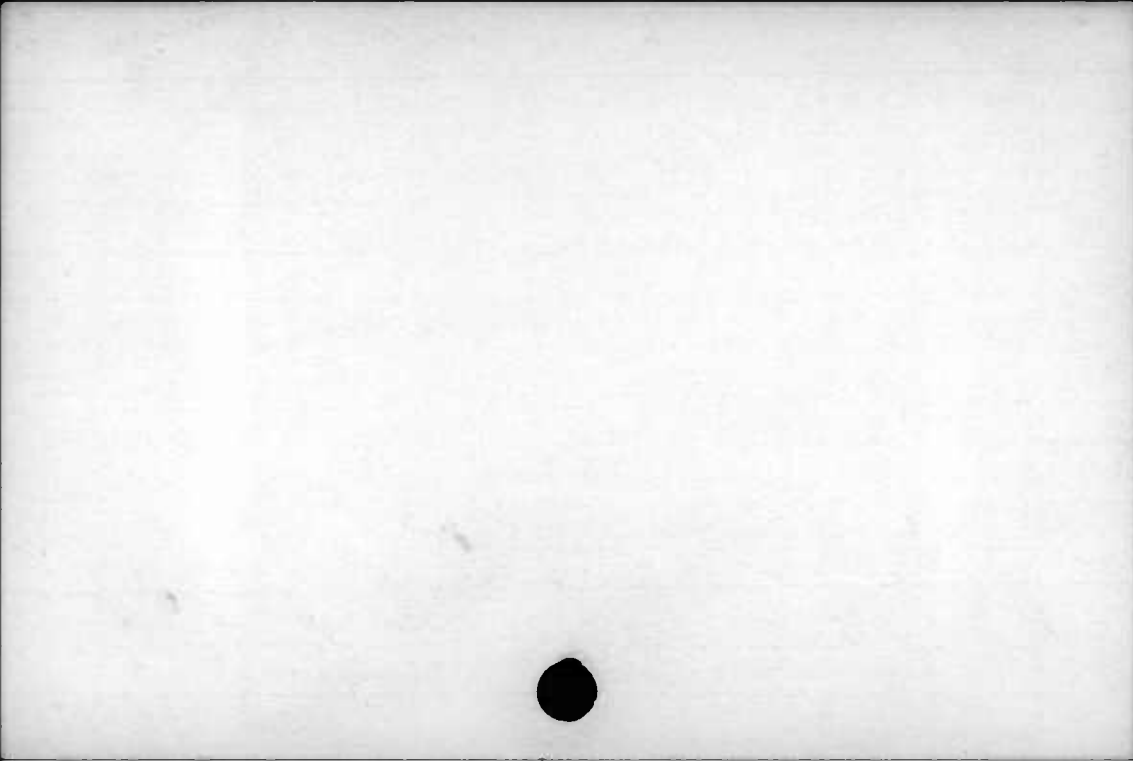
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shady Side</i> <sup>Town</sup>		<i>A. A.</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>12</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	Age <i>Not Known</i> <sup>Years</sup>	<i>Not Known</i> <sup>Months</sup>	<i>Not Known</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Not Known</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband _____					
Father's Name <i>Not Known</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Not Known</i>		
Name of person giving information <i>John Crowner</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i> <i>27</i>	How long <i>Not Known</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Sr. C. B. Boyd</i>
	Address <i>Shady Side</i>
	<i>Md.</i>
Accident or Suicide?	



Name  
in  
Full

Samuel Lucker

## CERTIFICATE OF DEATH

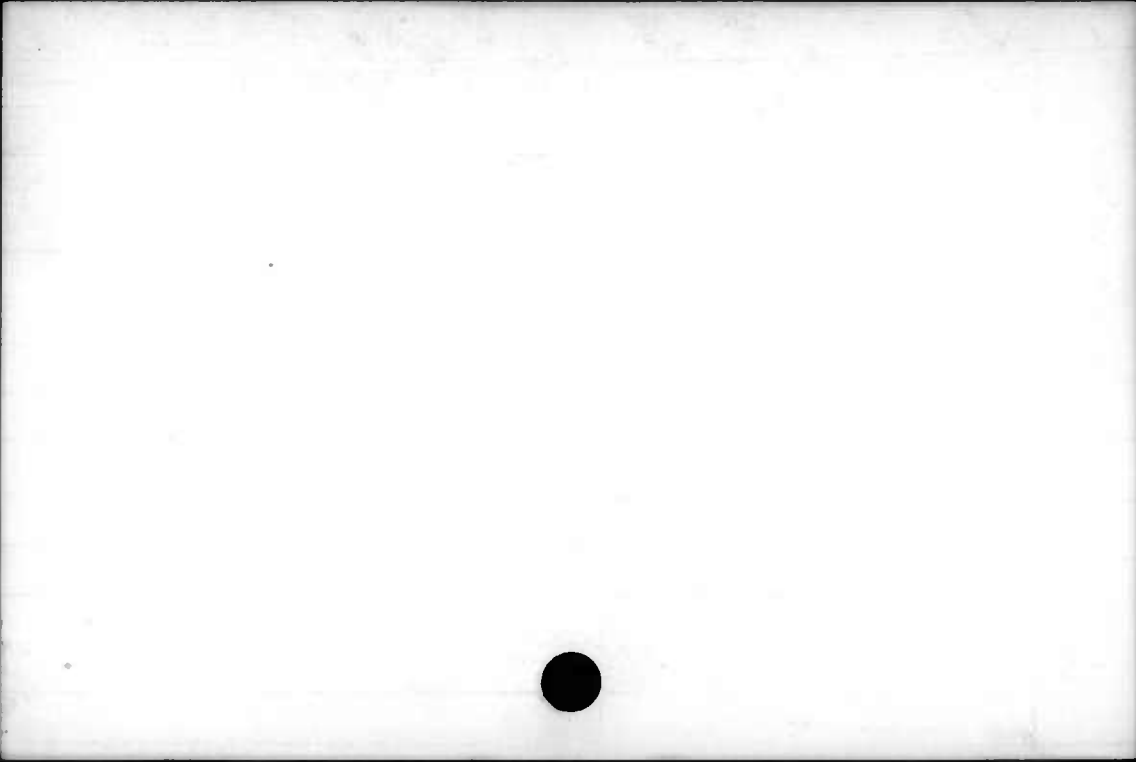
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		2 <sup>nd</sup> <sup>Town</sup> <i>Smith</i>		Aa Co <sup>County</sup>		MARYLAND	
Date of death 190		2	Month <i>Dec</i>	Day <i>28</i>	Age <i>33</i>	Years	Months —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>MD</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Lelia Berrow</i>							
Father's Name <i>John T Lucker</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Elyna Lucker</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Salghman Lucker</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia &amp; typhoid</i>	How long	<i>Two weeks</i>
Immediate	<i>Perforation of intestine</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. M. Darrington</i>
		Address	<i>Annapolis Md.</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190		Month <i>Dec.</i>	Day <i>6</i>	Age Years		Months	Days
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth- place <i>Annapolis</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Henry Phahab</i>				Father's Birthplace			
Mother's Maiden Name <i>Nellie Phahab</i>				Mother's Birthplace			
Name of person giving In formation <i>John. Jakobson</i>				How related to deceased <i>Uncle</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long <i>—</i>	
Immediate <i>Stillborn</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Geo. Wells</i>	
		Address <i>Annapolis</i>	
Accident or Suicide?			





Name  
in  
Full

Albert Welch

## CERTIFICATE OF DEATH

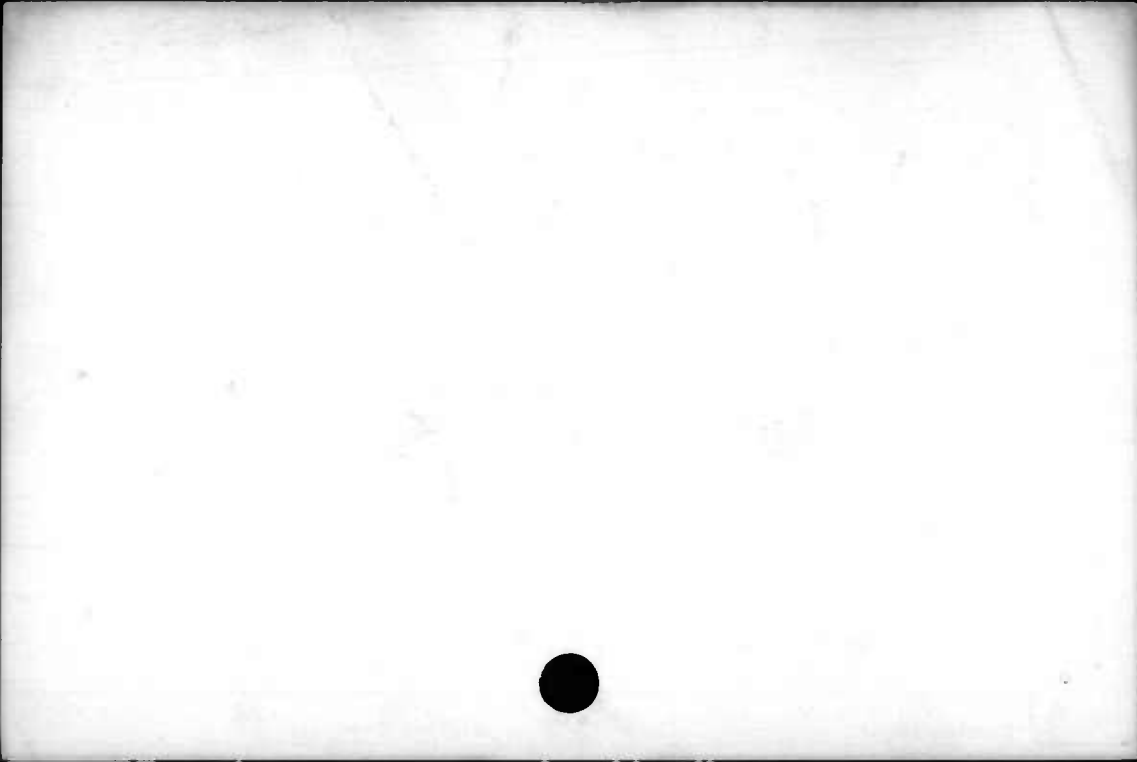
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel Co.		MARYLAND	
Date of death 190	2	Month Dec	Day 25	Age	Years 5-1	Months 9	Days 20
Sex male		Color or Race white		Birth- place Maryland			
Married, Single or Widowed		Married		Occupation Commercial Traveler			
Name of Wife or Husband Ella J Welch							
Father's Name Jas. C. Welch				Father's Birthplace Annapolis			
Mother's Maiden Name Mary S Williams				Mother's Birthplace Va			
Name of person giving In formation Mrs Ryan				How related to deceased sister			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	2 years
Immediate	uraemic Coma	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm S. Welch	
Address		Annapolis	
Accident or Suicide?			



Name  
in  
Full

Martin Wells

## CERTIFICATE OF DEATH

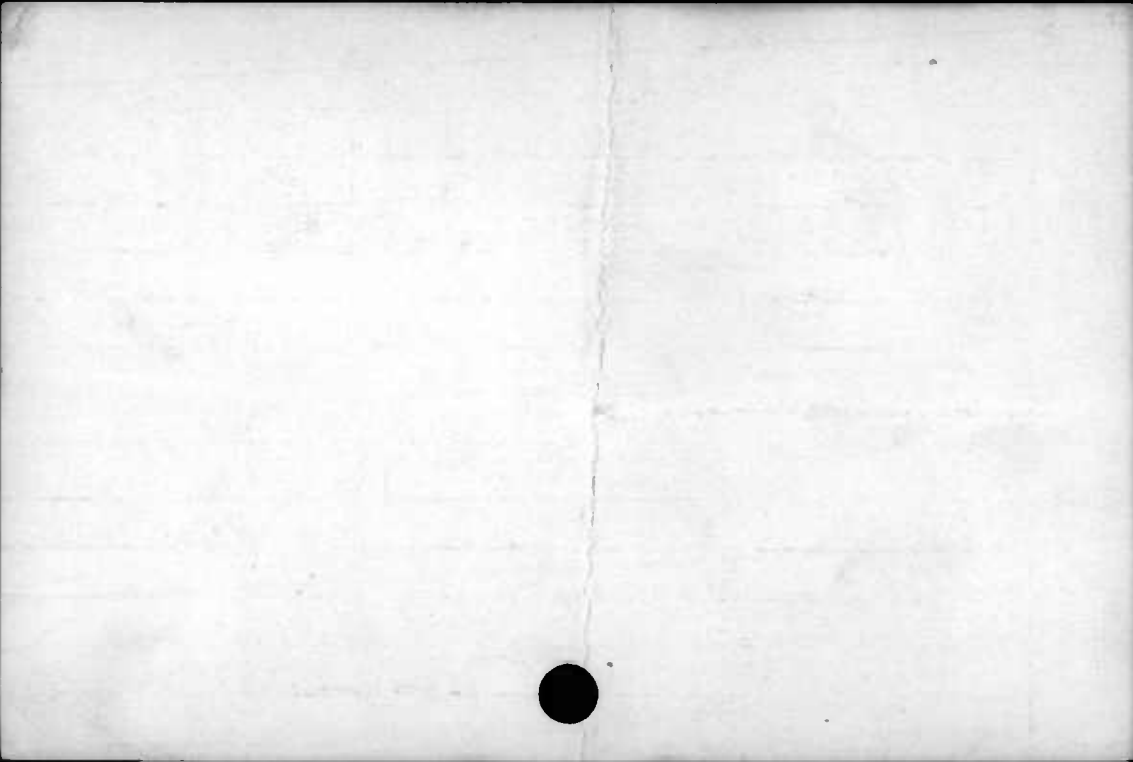
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1902		Decem	18	Age 68 yrs.	—	—	
Sex	Male		Color or Race		Birth-place		
Married, Single or Widowed		Widower		Occupation			
Name of Wife or Husband		—		Carpenter			
Father's Name		unknown		Father's Birthplace			
Mother's Maiden Name		unknown		Mother's Birthplace			
Name of person giving information		George Wells - nephew		How related to deceased			
				→			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart failure	How long	Sudden
Immediate	—	How long	179
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H R Walton M D	
		Address	
		Annapolis Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

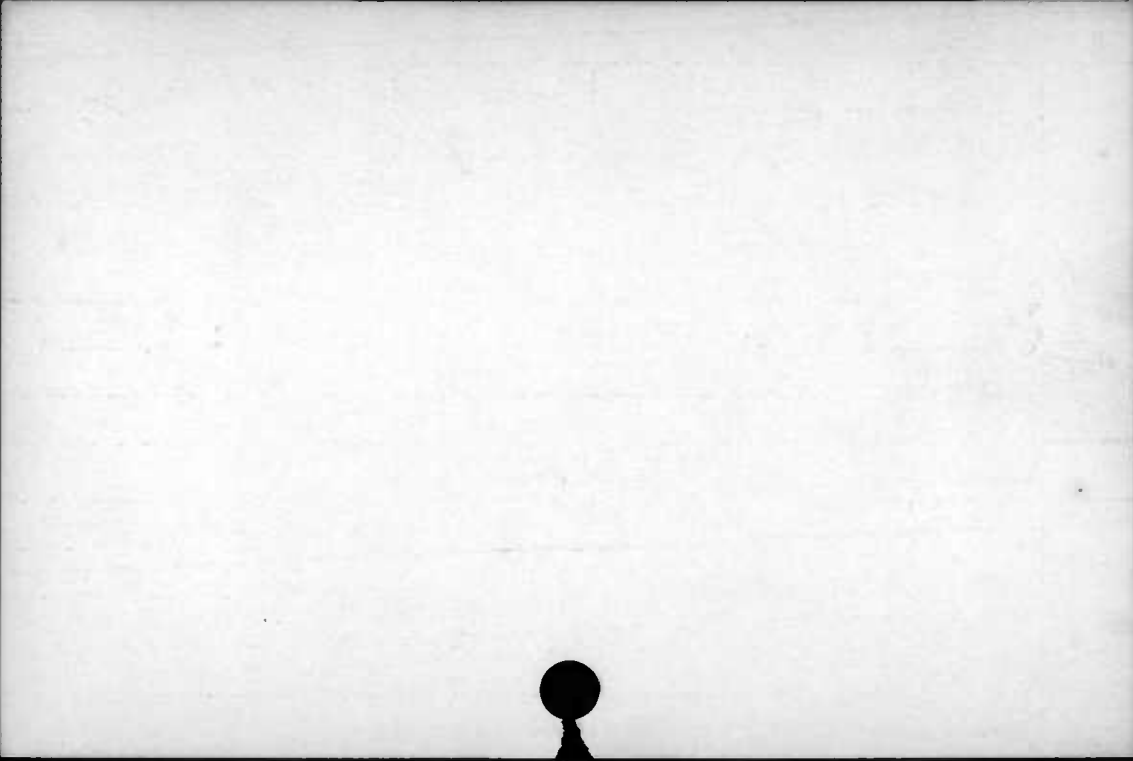
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Masonville</i> <sup>Town</sup>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>2</i>	Age <i>57</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A.A.Co. Md.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>James Wood</i>					
Father's Name <i>Thos. Sheppard</i>			Father's Birthplace <i>A.A.Co. Md</i>		
Mother's Maiden Name <i>Sarah J. Sheppard</i>			Mother's Birthplace <i>A.A.Co. Md</i>		
Name of person giving information <i>Geo. Strickhorn</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma</i>	<i>99</i>	How long <i>8 years</i>
Immediate <i>Heart Failure</i>		How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. B. Horton M.D.</i>	
	Address <i>So. Balto. Md.</i>	
<input type="checkbox"/> Accident or Suicide?		



Name  
in  
Full

unnamed -

Wright

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 190 2

Decem

26

Age

—

—

4

Sex

Male

Color or  
Race

Colored

Birth-  
place3<sup>d</sup> dist. S.A. co.Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Perry Wright

Father's  
Birthplace

S.A. co

Mother's  
Maiden Name

Estelle Stansbury

Mother's  
Birthplace

S.A. co

Name of person giving  
In formation

Gr. Parent - Est Stansbury

How related  
to deceased

Gr. Parent

## CAUSES OF DEATH

Primary

Gen. Debility

How long

4 days

Immediate

151

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H.R. Walton

Address

Registrar

Accident or Suicide?

(No Physician in Attendance)

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

